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GRANT NO: DAMD17-91-Z-1040

TITLE: STUDY OF POST-SEPARATION HIV-POSITIVE SERVICEMEN LOST

LOST TO FOLLOW-UP

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REPORT DATE: October 29, 1993

TYPE OF REPORT: Annual Report

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PREPARED FOR: U.S. Army Medical Research and

Development Command, Fort Detrick Frederick, Maryland 21702-5012

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94-01448

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden. to Washington Headquarters Services, Directorate for information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1264, Artington, VA 2202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. AGENCY USE ONLY (Leave blank) 3. REPORT TYPE AND DATES COVERED Dctober 29, 1993 Annual Report (9/27/92-9/26/93) 4. TITLE AND SUBTITLE Study of Post-Separation HIV-Positive Servicemen Grant No. DAMD17-91-Z-1040 Lost to Follow-up 6. AUTHOR(S) 63105A 3M263105DH29.AD.085 William F. Page, Ph.D. WUDA335936 7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 8. PERFORMING ORGANIZATION REPORT NUMBER National Academy of Sciences National Research Council 2101 Constitution Avenue Washington, DC 20418 9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 10. SPONSORING / MONITORING AGENCY REPORT NUMBER U.S. Army Medical Research & Development Command Fort Detrick Frederick, Maryland 21702-5012 11. SUPPLEMENTARY NOTES 12a. DISTRIBUTION / AVAILABILITY STATEMENT 12b. DISTRIBUTION CODE Approved for public release; distribution unlimited 13. ABSTRACT (Maximum 200 words)

During the second year of the study of HIV-positive service members lost to follow-up (LTF), data updating clinical and vital status information were obtained, and details are provided in report. On July 27, 1993, approval for a two-year no cost extension to September 1995 was obtained from the Army; an outline of projected extension activities is also described.

14. SUBJECT TERMS RA T. Follow-up.	HIV, Epidemiology,	ATDS	15. NUMBER OF PAGES
141 1, 10110W up,	matty openemically		16. PRICE CODE
17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
Unclassified	Unclassified	Unclassified	Unlimited

FOREWORD

For the protection of human subjects, the investigator(s) have adhered to policies of applicable Federal Law 45CFR56.

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PROGRESS REPORT TO DEPARTMENT OF THE ARMY, U.S. ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND October 29, 1993

Study of Post-Separation HIV-Positive Servicemen

Lost to Follow-up

(U.S. Army Medical R&D contract DAMD17-91-Z-1040)

During the second year of the study of HIV-positive service members lost to follow-up (LTF), data updating clinical and vital status information were obtained, and details are provided below. On 27 July 1993, approval for a two-year no cost extension to September 1995 was obtained from the Army; an outline of projected extension activities is also described.

Data had been received by the Medical Follow-up Agency (MFUA) from Walter Reed Army Institute of Research (WRAIR) at 3 time points from the beginning of the project through the fall of 1992. A preliminary review of the study subjects in these three data batches indicated that the potential study population varied between the batches. The first batch was received in November 1991, the second was received the beginning of 1992, and the third was received the end of October 1992. On 3 December 1992, we met with Army investigators to establish the current status, progress and future plans of the study, as well as to discuss the formulation of the final data set. At this meeting, a decision was made to assemble a data set, as of the beginning of December 1992. Any service member in the database sent to MFUA on that date would be followed in the upcoming year, with no additional names added to the list. As the proposal agreement stated that follow-up would occur on new losses for a year after the study began, the decision to finalize the data set at the time of the meeting was consistent with the proposal.

The final data set was received by the MFUA on 7 December 1992, with a study population of 568 service members (547 men and 21 women). By definition of the Army, a

service member was considered LTF if he/she was retired from the Army, and either had not been seen by an Army facility within 60 days of diagnosis, or had not been seen by an Army facility for HIV staging for more than 12 months.

At the December meeting, a decision was made with the Army investigators as to which data entries would be useful for their purposes from the military and Department of Veterans Affairs (VA) hospitalization tapes. From the VA, the Patient Treatment Files (PTF) data would be obtained; similar data are available from the Army Individual Patient Data System (IPDS), Navy and Air Force. Names of contact persons for obtaining data from the service branches were also obtained at this time.

RECORDS FOLLOW-UP: MORTALITY

Several methods were used to determine whether study subjects were deceased; these methods included the National Death Index, access to the VA Beneficiary Identification and Records Locator Sub-System (BIRLS), and review of individual VA claims folders. The number of deaths by year of death and source of mortality information is shown in Table 1. When the total mortality experience of the cohort, is evaluated as of June 1993 (which includes TARGET results from March 1993) and as of September 1993 (which includes TARGET results from August 1993), it appears that mortality is increasing over time (Table 2). Each of the three methods used for determining mortality is described below.

NATIONAL DEATH INDEX (NDI)

An application to the National Death Index (NDI) was submitted on 16 December 1992, and covered a period of time from 1985-1991 for mortality searches. The application was approved, and the NDI search was done on 26 March 1993, with data received on those potential matches on 9 April 1993. The 568 study subjects were compared by computer for exact Social Security Number (SSN), name and date of birth match, with fewer matching criteria as: SSN and full name; SSN and last name; seven digits on SSN, full name and date of birth; and finally hand screening. A total of 14 death matches were identified through the NDI; 6 were exact matches and 8 matched on SSN and full name. As mortality in the

cohort is increasing after 1991, NDI may not be the most useful overall method for determining deaths. Potentially, contact with the states for death certificates might be facilitated by the introduction of the study to the states through the NDI. It will be possible to evaluate this supposition in the upcoming years of the study, as we have the potential to compare ease of death certificate access between the NDI format and straight contact of the states for deaths found through other mechanisms. The NDI will lag behind a calendar year in terms of completeness; therefore, other methods might be more efficient for determining vital status, as described below.

TARGET ACCESS TO BIRLS

Another method of determining vital status of veterans is through the VA Beneficiary Identification and Records Locator Sub-System (BIRLS), with a method called TARGET, allowing for interactive, individual access of veterans who have filed for any type of claim through the VA. The first session was completed in March of 1993. At that time, of the 568 eligible subjects, 550 were found in BIRLS, 9 records indicated a "sensitive" status, 5 records had no status, and 4 records were not found. The five records with no status were later located in BIRLS, resulting in a total of 555 of 568 (98%) records located in this system. The 9 "sensitive" cases will be examined more completely to determine the nature of the "sensitive" status. From this initial search, 61 study subjects were identified as deceased through BIRLS.

As mortality from the NDI was only available through 1991, deaths from the same period (1985-1991) were compared to the TARGET results. There was one death in 1987 from the NDI search which has not appeared in the BIRLS system. Additionally, there was one death in 1991 which showed in the TARGET, but did not appear in the NDI. This death occurred at the end of 1991, (12/29/91), and was apparently missed for inclusion with the 1991 NDI mortality. As TARGETing is potentially more efficient, allows for more current determination of vital status, and can be repeated at regular intervals, this is the preferred method of determining vital status. However, if obtaining death certificates from the states is facilitated by the NDI mechanism, then for deaths which have occurred in the past, where no

death certificate has been obtained, the NDI matching may also be beneficial.

In August of 1993, the vital status of those previously assumed to be alive was checked in the BIRLS system. There were an additional 42 LTF found to be deceased through BIRLS at this time. Therefore, additional periodic checks of the BIRLS records will be done to continually update the mortality.

For those determined through BIRLS to be deceased, but with no death certificate in the claims folder, death certificates will be requested from the states.

CLAIMS FOLDERS

Originally, a request was sent to the folder location indicated on the TARGET search, to obtain 115 folders for service members with no address information available through TARGETing, in order to determine whether a more recent address for these individuals was in fact available. In the process of reviewing the folders, two things became apparent: 1) in some instances, recent deaths had not been posted in the BIRLS, as a death certificate was in the folders for a person not previously known to be deceased (n=1 at time of first mortality assessment between March and June 1993 and n=5 as of September 1993); and 2) it appeared that there was information available in some of the records on staging and disease development which could be used to update staging, when veterans applied for disability and received a VA disability assessment examination.

Therefore, a decision was made to request folders for all individuals who had been found in BIRLS (n=555) in order to verify vital status and to abstract any medical information (described below in further detail). Beginning in June 1993, folders were requested for all individuals, in order to supplement other mechanisms of obtaining vital status and medical information.

For some who are deceased, a death certificate is available in the folder. Of the 105 deceased, 57 folders were available (54%); of those deceased with folders available, 39

(68%) death certificates were obtained. This, however, is only 37% of all deceased. There does not appear to be a pattern as to when or where deaths occur, for which death certificates are available. If a death certificate is present, no additional effort is needed to obtain one from the state. The remaining certificates for those known to be deceased will be requested through the states, as mentioned above in the NDI and TARGET sections. Folders will continually be requested for those TARGETed as deceased, as a first attempt to obtain a death certificate.

DEATH CERTIFICATE CODING

Death certificates are being coded by a certified nosologist, where a cause of death is available. As additional certificates are received, they will be coded by the same individual. A preliminary tabulation of the death certificate data is presented in Table 3.

RECORDS FOLLOW-UP: MORBIDITY

Morbidity information was obtained from data on VA and service branch hospitalizations, through matches of SSN. When a match was available, the initial data included all hospitalizations, whether AIDS-related or not, as well as hospitalization occurrences at any point in time. Additional morbidity data were also obtained from the VA claim folders. Since the purpose of the follow-up activity is to identify additional information not previously available to the Army researchers, of interest to the report and data updating were only those hospitalization and examination occurrences after the date last seen by the Army.

A list of "critical diagnoses" (Table 4) was developed to be consistent with the Army diagnostic codes which could be used to further stage patients. In evaluating the hospitalization occurrences for each of the data sources utilized below, the information originally obtained was reduced to include only hospitalizations after the date last seen by the Army, for diagnoses that could be used for HIV staging.

PATIENT TREATMENT FILE (PTF)

Information on hospitalizations occurring within the VA system was obtained from the PTF data between 1985 and 1993, up to the point when the request was made. The data were requested on 11 March 1993; data were received on 26 May 1993. Of the 568 in the study, 198 (35%) had at least one hospitalization in a VA facility at any time.

Approximately 46% of these hospitalizations (n=91) were after the date last seen, for a "critical diagnosis;" this represents additional information from PTF which can be used for staging on approximately 16% of the total study population.

ARMY - INDIVIDUAL PATIENT DATA SYSTEM (IPDS)

Information on hospitalizations within Army medical centers was available from the IPDS data. Permission for access to these data was requested on 14 January 1993; data were requested on 5 March 1993. Data were received by the MFUA on 5 May 1993 in 2 sections, as the data collection system had been redesigned. However, comparable data could be obtained from both data sources. As with the PTF data, critical diagnoses occurring after the date last seen were noted for contribution to staging information. A total of 558 of 568 matched the Army data files for ANY hospitalization. Only 16% of the 558 were for critical diagnoses after the date last seen. However, this (N=92) group represents a sub-group of the data set which potentially should have been identified by the Army researchers, as these data are available to the WRAIR researchers, as well. A printout of available information on these individuals will be forwarded to the Army researchers.

AIR FORCE HOSPITALIZATION DATA

Permission to access hospitalization data from the Air Force was requested on 16 December 1992, the data were requested on 5 March 1993, and received on 26 April 1993. A total of 31 hospitalization matches with the study population was available. Of the 31, only 3 matches had data for critical diagnoses for staging occurring after the date last seen. This represents additional information from the Air Force on less than one percent of the study subjects.

NAVY HOSPITALIZATION DATA

Permission to access hospitalization data from the Navy was requested on 16

December 1992, the data were requested on 25 March 1993, and received on 13 August
1993. We had a great deal of difficulty obtaining the data from the Navy, primarily because of concerns on their part with respect to the sensitive nature of the data. When the data were finally received by MFUA, there were only 4 matches for any hospitalization of study subjects, and only one of the matches was a study subject with an updated, staging critical diagnosis.

VETERANS' ADMINISTRATION (VA) MEDICAL RECORDS

Medical records of hospitalizations within the VA have not been requested in this study year. During the extension period of the study, the issue will be re-visited with the Army collaborators concerning the value of requesting the actual medical records from VA hospitals to update data on T-cell counts or staging, as well as other potentially staging critical diagnoses.

CLAIMS FOLDERS

As mentioned above, folders were requested for study participants who had been located through BIRLS, as the TARGET results indicates where an individual's folder is located. A total of 357 of the 555 potentially available folders have been received since the request was submitted, up to the the end of September; this represents 64% of the study population. Quantity and quality of medical information varies considerably. Some medical record information was available in the folder if copies from other facilities had been requested by the VA. There was also information available in some folders from the disability rating examinations conducted by the VA, generally on an outpatient basis. Whenever possible, information on critical staging diagnoses, T-cell counts and Walter Reed staging was abstracted. This information has been added to the data submitted to the Army.

In the extension study period, a quality assurance activity will be undertaken to verify the medical information from the folders by an independent abstractor.

RECORDS FOLLOW-UP: CDC AIDS REGISTRY

As part of the original proposal, an attempt was to be made to obtain additional AIDS information on the positive HIV population from the CDC AIDS registry. On 5 February 1993, a conversation with Dr. John Ward at CDC who is in charge of the AIDS registry. resulted in the decision to not pursue this path to additional information. Dr. Ward was cooperative in providing us with the information on what would potentially be required, if we wanted access to this registry, which contained in February 260,000 persons with AIDS per CDC definition. First, a combination of letters (SOUNDEX), date of birth and gender are used to indicate a registrant. The SOUNDEX is not specific, and would lead to very poor matching. Secondly, the access to these names is extremely tightly guarded. The state or local health departments actually have the names of the registry participants, and Dr. Ward said that there are extremely limited ways to gain information from the states. The states cooperate with CDC only because protection to the participants is guaranteed. Permission to obtain any information, including poorly matched information, would be required from the individual states. This was not encouraging as a method for tracking the patient population. Therefore, following discussions with the Army researchers, no further action will be taken to obtain information from the CDC.

CONTACT AND FOLLOW-UP OF HCB'S

At the present time, the contact, interview and re-examination of HIV patients LTF is not part of the study plan. This decision was made by the Army collaborators and relayed to the MFUA at the April meeting. Therefore, there has been no activity related to this aspect of the study during this year.

NIOSH CONTACT

In the original study plan, it was anticipated that recent address information from the Internal Revenue Service (IRS) would be available through NIOSH, because of a law which allows for distribution of this information to researchers studying occupational health issues. In the previous study year, contact was made with NIOSH, and although no formal denial

letter was received, the project director at that time was contacted by phone and the request was refused. In explaining the justification for denial, the contact person at NIOSH indicated that the persons making the decision did not believe that HIV was a service-related (that is, occupational) condition.

Therefore, in December 1992, MAJ Pete Peterson at the Pentagon was contacted regarding the line of duty connection for HIV positive service members. Although there is no formal documentation which specifically states that HIV is a line of duty connected illness, if a person who tests negative before entering the service is diagnosed with HIV "while wearing a uniform," the diagnosis is determined by presumption to be LOD connected. Regulations which pertain to HIV positive individuals in the service were sent to the MFUA, and included in a second request sent to NIOSH 21 December 1992. By March, no action had been determined, and in fact, NIOSH claimed never to have seen the resubmitted request. Therefore, on 23 March 1993, a second request was sent to ask for information from the IRS. In June of 1993, access was refused. More specifics pertaining to reasons for refusal were obtained, and a request was drafted for signature by the Director, WRAIR on 20 July 1993. The request for this signature was denied on advice of SGRD-JA. Therefore, at this time, there is no further plan to pursue contact with NIOSH to obtain addresses from IRS.

DATA MANAGEMENT

Data are maintained in Paradox files within the MFUA, with password-protected access to the databases. A master file with the tracking information pertaining to the individuals in the data set is maintained and updated as new information becomes available. Data are also available from the medical records abstraction and the matches from the hospitalization data. A preliminary merged data set, in ASCII format will be sent to the Army researchers by the beginning of November.

As part of the data management, an anomaly was discovered in the processing of the folder data. It appears that five individuals have no diagnosis of being HIV positive, or any

other indicator of HIV positive status. Information which was available on these 5 individuals will be sent to Army researchers.

An additional inconsistency was noted between records in the coding of the date last seen. For 15 of the study subjects, no T-cell count or stage data were included in the original file received from WRAIR; it was noted that for these 15, the code used for date last seen was a 7-digit, rather than the usual 5-digit code. In the event that some systematic or other noteworthy difference could be detected in these 15, a copy of the data in their record will be forwarded to the Army researchers.

A meeting is planned with the Army researchers for 9 November. At this time, these various apparent anomolies in the database will be discussed, evaluated, and if necessary, corrected.

DATA ANALYSIS AND DISSEMINATION

The final data analysis will be completed at the end of the study extension period. A preliminary analysis of the data currently available will be included with the data set which is sent to the Army researchers. Tables from this preliminary analysis are included in this report (Tables 5 to 9). Included in these tables are a spreadsheet with information which can be used to upgrade staging of the study subjects using diagnostic data available from the various hospitalization tapes and folder abstraction, a table of T-cell and staging updates from the claims folders, frequencies of AIDS related conditions located on the various hospitalization tapes, vital status by gender and vital status by stage at date last seen.

Given that the study will be extended for two years, there are no plans to disseminate findings from the preliminary analysis at this time.

FUTURE PLANS FOR THE STUDY EXTENSION PERIOD

During the study extension period (September 1993-September 1995), several activities have been discussed to extend, as well as enhance, work which is currently underway.

CONTINUE TO DISCUSS STUDY ACTIVITIES WITH THE ARMY

On a regular basis, MFUA and Army researchers will meet to discuss how the MFUA can continue to assist in the process of updating data for (LTF) study subjects. Through these meetings, the Army collaborators can be kept abreast of the progress being made, offer suggestions on the process currently being used, request additional activity which is within the scope of the original intention of updating data for the LTF, and work with the MFUA researchers in joint analysis of the data.

MEDICAL RECORDS FROM VA HOSPITALIZATIONS

Through the PTF data, hospitalization dates which occurred after the date last seen are available for study subjects, as mentioned above. For this report, there were 198 matches, 91 of whom had matches for critical diagnoses which could be used for staging. However, the 108 patients who had no computerized information which could be used for staging might have had information in the actual medical record which could be useful for the staging activity; additional details for the 91 who did have staging diagnoses might also be in the medical record. Therefore, in the extension study period, the MFUA will establish the necessary contact and cooperation with the VA to request these medical records for abstracting. The process required to enable this request will begin in the coming months.

ON-GOING FOLLOW-UP

As the study has been extended for an additional 2 years, the MFUA will continue to follow the cohort members who are in the current data set (N=568), as well as include additional LTF service members provided by WRAIR. Because the mechanisms for gathering information are in place, adding more subjects to the cohort should pose no difficulty. At times mutually convenient to the Army collaborators and the MFUA, the data

set will be augmented to include any additional LTF service members. The final date for adding LTF service members will be December 1994 in order to allow time for obtaining follow-up data, analysis and report preparation.

CONTINUE TO TARGET

As an ongoing activity, the surviving members of the current LTF cohort, and study subjects added to the cohort will be TARGETed for vital status and folder location.

Additionally, survivors in the WRAIR data set can also be checked for mortality in the groups which are processed. The TARGETing will take place approximately every 6 months.

DEATH CERTIFICATE REQUESTS

For study subjects determined to be deceased, claims folders will be requested to obtain death certificates, and if necessary, the individual states will be contacted for death certificates. All death certificates will be coded by the same nosologist for cause of death. Death certificates, for those who are deceased in the WRAIR data but not LTF, will also be requested in these batches.

ANALYSIS OF DATA FOR CHANGES AND TRENDS

Once the data have been collected and cleaned, including the original cohort as well as the additional names to be received, they will be analyzed for changes, trends, and differences between those who remained in contact with the Army, compared to those LTF. Collaborative analysis of the data will occur in the last six months of the extended study period.

PROJECTED TIMELINE FOR EXTENDED STUDY PERIOD

1993

November Preliminary data with updates on LTF to WRAIR

Obtain additional study subjects LTF from the Army

Begin process of accessing VA medical records

December Re-submit cohort for PTF matches

1994

January TARGET cohort members with unknown vital status

July Obtain additional LTF from Army

TARGET cohort members with unknown vital status

Re-submit cohort for PTF matches

December Obtain last batch of LTF from Army

1995

January Final TARGET of cohort members with unknown vital status

March Final inclusion of data from all sources

April Begin data analysis and final report writing

October 26 Submit final report to Army contractors

TABLE 1. NUMBER OF DEATHS BY YEAR AND SOURCE OF MORTALITY INFORMATION

_	TARGET	NDI	FOLDER	TOTAL
1987	1	1		2
1988	2			2
1989	1			1
1990	•			
1991	10			10
1992	35			35
1993	50		5	55
TOTAL	99	1	5	105

TABLE 2. NUMBER OF DEATHS BY YEAR OF DEATH AS OF JUNE AND SEPTEMBER 1993

DEATHS THROUGH: BIRLS CHECKED:	JUNE MARCH	SEPTEMBER AUGUST
1987	2	2
1988	2	2
1989	1	1
1990) .	•
1991	10	10
1992	34	35
1993	14	55

TABLE 3. PRELIMINARY DEATH CERTIFICATE TABULATION SORTED BY IMMEDIATE CAUSE OF DEATH

	Immediate	Underlying	Underlying	
	Cause (A)	Due Te (B)	Due Te (C)	
AIDS or HIV	13	11	10	34
Respiratory Failure	4			4
Cardie-Pulmonary Arrest	3	1		4
Sepsis	3		1	4
P. carinii Pneumonia	2	1	1	4
Pasumonia	2	6		8
Cerebral Infection	1			1
Disseminated Aspergillesis	1			1
Disseminated Herpes				1
Disseminated Histoplasmesis				1
Disseminated MAI		1	1	3
End Stage Renal Disease		•	•	1
Kaposi's Sarcema		1		,
Metabelic Acidesis		•		•
	•	40		
No Cause Listed		13	23	3/
CNS Lymphoma		1		1
Cytomogalus Virus Infection		1		1
TOTAL Death Certificates	38	36	36	108

TABLE 4. CRITICAL DIAGNOSTIC CODES UTILIZED FOR STAGES 5 AND 6

CODE	NAME	STAGE
112.0	Oral candidiasis	5
007.2	Cryptosporidiosis, isosporidiosis	6
012-018	Extrapulmonary tuberculosis	6
031 (ALL)	Atypical mycobacteriosis	6
031.0	MAI	6
054 (ALL)	Herpes simplex	6
078.5	Cytomegalovirus	6
112.5	Esophageal candidiasis	8
115 (all)	Histoplasmosis	6
117.5	Cryptococcosis	6
117.9	Disseminated endemic mycosis	6
136.3	Pneumocystis carnii pneumonia	6

TABLE 5. FIR Last seen States

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136.3 - 7/92 - PTF		136.3 · 10/92 · PTF	130.9 · 2/92 · PTF	007.2 · 2/92 · PTF	130.7 · 3/92 · PTF	078.5 · 5/92 · PTF	130.2 · 6/92 · PTF	130.0 - 11/92 - PTF	007.2-4/92-FOLDER	078.5-7/92-FOLDER	130.0-130.9-9/92-FOLDER			117.5-12/82-DEATH CERT.							138.3 · 2/91 · PTF	031.0 · 3/92 · PTF		112.5-1/91-FOLDER			078.5 · 2/92 · PTF		554 · 3/87 · USAHDS	136.3 - 4/91 - PTF	1054-3/90-FOLDER
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			5/3/83 · TARGET						11/10/92 - TARGET			4/17/93 - FOLDER		6/29/92 · TARGET			8/6/87 · NDI												1/24/93 · TARGET	
	117.5 - 6/92 - IPDS92	031.8 · 10/92 · IPDS92	078.5 · 11/92 · IPDS92		054-3/93-FOLDER						138.3 - 9/92 - PTF	031.0 · 2/93 · PTF	031-10/91 DEATH CERT.		054.9 · 3/92 · PTF	136.3 · 5/92 · PTF			078.5-11/91-IPDS92*	031.0 · 11/91 · (PDS92		136.3 · 12/87 · PTF			031.0 · 7/90 · IPDS92	054.9 · 7/90 · IPDS92			078.5 · 6/91 · IPDS92	
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228	Aug-88	B				
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228		മ		054-3/92-FOLDER		
228		ഹ		115-5/92-FOLDER		
121	Oct-81	s				
228	May 91	6				
229	Oct-88	5	2/89-IPDS92 *			
230	Jan-89	3	5/91 · IPDS92	136.3 · 5/91 · IPDS92		
230		3			2/28/93 · FOLDER	
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237	Apr-89	2	10/92-FOLDER			
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77	Marcell	÷			TABLE TABLET	
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4 Aug-90			078.5 - 11/92 - PTF	
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282	Mav-90	65		054.1 - 7/80 - PTF		239.6 · 8/82 · PTF
287		33			1/24/83 · TARGET	202.81 · 12/92 · PTF
8	Aug-90					
Ş	Dec-89	•				
8	06:30	67				
8	Jun-89	3				
287	Jan-87	ß			12/17/92 - TARGET	
288	16·my	2				
5	Aug-90	Γ	4/91 - PTF	054-3193-FOLDER		
8	Jen-89	~				
291	Dec-91	2		136.3 - 10/92 - IPDS92		
291		S		138.3-9/92-FOLDER		
292	May-90	9		054.1 · 6/90 · PTF		216.6 · 6/90 · PTF
292		9		136.3 · 10/91 · PTF		176.9 - 7/92 - PTF
292		8		078.5 · 1/92 · PTF		176.1 - 12/92 - PTF
292		9		054.9 - 7/92 - PTF		
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262		9		054.18 · 12/92 · PTF		
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282		စ		136.3-11/90-FOLDER		
293	98-JnC	9	8/91 · PTF	130.7 - 8/91 - PTF		173.9 - 8/91 - PTF
293		8		136.3 · 8/91 · PTF		
293		9		031.0 · 8/91 · PTF		
293		8			18/7/91 - TARGET	
7.37	Merel	2				
295	Apr-90	1				225.4-5/81-IPUS82
295		1				225.1 - 12/91 - IPDS92
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98		6	12/90-FOLDER *	078.5 · 10/92 · IPDS92		
គ្គ	Feb-91	2		138.3 - 3/92 - PTF	4/2Z/9Z · TARGE I	
302	Mar-90	2		115.89 - 11/81 - PIF	DISIBZ · I ANGE!	

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333	Jun-90	2		115.8 · 7/92 · PTF		
333		9		054.9 · 7/92 · PTF	8/5/83 · TARGET	
333		2		115-8/92-FOLDER		
ğ	Sep-91	ဗ		054.9 · 10/91 · IP0S92		
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535	Aug-88 Cet-81 Sec 81	es es es				
342	Aug-86	4	2/87.IPDS88 *			
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3		2	1/91-FOLDER			202.8 · 12/91 · FOLDER
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346	Dec-88	5		115.1 · 3/89 · PTF		
3		S		115.95 - 3/89 - IPDS92		
348		S		136.3 · 3/89 · IPDS92		
348		5		115.9 · 6/90 · PTF		
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351	Aug-91	က			6/29/93 · TARGET	
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353	Jul-82		8/92 · AF	130.9 - 8/92 - AF		
363				031.0 · 11/92 · AF		
353				130.0-11/92-DEATH CERT.	11/11/92 - TARGET	
364	May-89	2		054.13 · 1/92 · PTF		
	08880	•				
356	Jul-91	ဗ	1/92-IPDS92 *			
357	Oct-90	S	12/91-FOLDER			
357		2		112.5-12/91-FOLDER		

																							216.7 - 3/92 - IPDS92						
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			117.5 - 5/91 - PTF				117.5 · 10/89 · PTF	054.1 - 10/89 - PTF			138.3-5/92-FOLDER	078.5-1/92-FOLDER	031.0 - 6/92 - IPDS92		112.5-1/92-FOLDER								136.3 - 11/90 - IPDS82	054.9 - 9/92 - IPDS92	078.5 · 9/92 · IPDS92		136.3 · 7/91 · IPDS92		136.3 · 12/92 · PTF
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268	Dec-88	2	1/93 · PTF	136.3 · 1/93 · PTF		
268		S.		078.5 - 4/92 - NAVY	4/24/93 · TARGET	

Table addition	CD& Cnt	CD4 Cnt 1-Data	CD4 Cnt 2-Date	ta CD4 Cnt 2-Date CD4 Cnt 3-Date CD4	CD4 Cnt 4-Date	Orig. WR Stg.	- F	WR Sty 2	WR Sty 3
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Dec-86	462					2			
Jan-89	233					5	292		
Feb-91	650					2			
Mar-88									
Aug-91	480					1			
Jun-90	394					4			
Jan-89	282	282.2/89				5	IV-2/89		
Jul 97	790					1			
May-90	270					n			
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TABLE 7. FREQUENCY OF AIDS RELATED COMMITIONS BY SOURCE OF DATA

TABLE 7. FREQUENCY OF AIDS RELATED COMMITM					
	IPDS	PTF	Air Ferce	Navy	Folder*
003.1 - Selmanella applicania			 		
007.2 - Cryptasporidiacia, lessporidiacia	2	3			
000.3 - Unexplained distribus > 1 month					
010 (all) - Extrepulmency tuberculeis	1	1			
012 - 018 - Extrapulmenery tuburculosis	3		1		
011 (all) - Pulmonary tuberculosis	9	7			
031 full) - Atypical mycobacteriseis		13	1		
031.0 - MAI 030.0 - Generalized sepsie		1			
	37	43	3		
042.0 HIV with specified infections	36	29	1		
042.1 - HIV causing other specified infections 042.2 - HIV with specified malignant anaplasms	13	7			
	47	57	3		
043.0 - AIDS with or without other conditions 043.0 - HIV causing lymphodosepathy	17	4	1		
043.1 - HIV cousing specified diseases of CNS	13	6			
043.2 – HIV causing other disorder of immune mechanism	19				-
043.3 - HIV causing other specified conditions	22	12	3		
043.9 - ARC with or without other conditions		17			
044.0 - HIV infection causing specific acute infections	1	1			
044.8 HIV infection NOS	387	48	4		
046.3 - Progressive multifecel leukeencephelepathy	35/	1			
OS3.8 - Horpes zester (disseminated)	 				
053.9 - Horpes zector		5			
054 (all) - Herpes simplex	16	22			15
078.5 - Cytomogolovirus	10	12	-	1	12
110.1 - Fungal stall infection	3	1			
112.0 - Oral candidiasis	77	44	1		46
112.5 - Esophogoal candidiasis	 "				11
114 (all) Ceccidicidemycests		<u>'</u>			
115 (all) Histoglasmesis	1	4			
116.0 Blastomycaels					
117.5 - Cryptecoccesis	3	7			
117.9 - Disseminated endemic mycosis					
130.0 Texeplasmesis		4			
136.3 - Proumecystis carnii preumonie	26	38	1		17
140-239 Neopleans	16	21			'''
173 (all) - Kapesis sercome (til Oct. 1991)	6	5			3
176 (all) Kapesia sarcome (after Oct. 1981)	2	9			5
180 (all) - Certical carcineme			-		
202-202.8 - Lymphome					2
233.1 Cervical carcinome in site					
279.14-279.16 - AIDS codes	1				
320.9 - Becterial maningitis	1				
482.9 - Sectorial pneumonia	1	3			
528.5 - Recurrent oral ulceration/engular chalitis	2				
528.6 - Hairy louksplakia	17	1	1		
530.1 - Esophegeal candidiasis	11	9	,		
696.9 - Pruritus		2			
790.6 - Fever > 1 month	23	33	2		
M9140/3 - Kepesia sarcoma					
M959-M963 - Lymphome					
M984 Reticulesarcome					
M965-M966 Hodgkin's disease					
M969 - Lymphomes, nodular					
V73.70 - HIV +; WR 0					
V73.71 - HIV +; WR 1					
V73.72 HIV +; WR 2	12			-	
V73.73 - HIV +; WR 3	17				
V73.74 HIV +; WR 4	6		1		
V73.75 - HIV +; WR 5	14		•		
V73.76 - HIV +; WR 6	4				
V73.78 - HV +; WR unspecified	5				
V72.60 - HIV negative	— - i				
V72.61 HIV + (neg. Western Blot)					
V72.62 - HIV + (pec. Wiestern Biot)	2				
V72.69 - Other leb exam					
* Kalder data abatement and includes "aritical discusses" listed in Ta					

^{*} Folder data abstracted only includes "critical diagnoses" lised in Table 5

TABLE 8. VITAL STATUS BY GENDER

	Male	Female	Total
Alive	445	18	463
Deceased	102	3	105
	547	21	568

TABLE 9. DECEASED BY STAGE AT DATE LAST SEEN

	Deceased	Total in Stage	Percent in Stage
1	2	34	6%
2	9	138	7%
3	18	135	13%
4	11	60	. 18%
5	41	145	28%
6	21	. 39	54%
	102	551	